

Office of Senator Elizabeth Dole
SR-120
Washington, DC 20510
202-224-6342

Internship Application Form

Session Applying for?: (Circle One) Fall Spring Summer 1 Summer 2

Session Dates: _____ (Listed on Senator Dole's website)

Full Name: _____ Today's Date: _____

Social Security Number ____ - ____ - ____ Date of Birth ____ - ____ - ____

School Address : _____ Home Address: _____

Telephone Numbers : School: ____ - ____ - ____ Home: ____ - ____ - ____ Cell: ____ - ____ - ____

Email Address: _____

Citizenship: Are you a citizen of the United States? (Circle One) Yes No
If no, what type of visa do you hold? From what country? _____

Are you a registered voter? (Circle One) Yes No

Do you live in North Carolina? (Circle One) Yes No

Would your start/end dates vary from the session dates listed above? (Circle One) Yes No
If so, how? _____

Availability:

I understand that I am applying for an unpaid internship. I will be available to work ____ hours per week. Interns are expected to commit to working at least 15 hours per week.

I am available Full-time : _____

I am available Part-Time : _____ at the following times:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

School currently attending: _____

Year in School AS OF TODAY: (Circle One) Freshman Sophomore Junior Senior

Major: _____ Minor: _____

G.P.A. _____

Advisor's Name and Telephone Number: _____

Will you be earning College Credit for your Internship? (Circle One) Yes No

Note: Awarding academic credit is at the discretion your academic institution.

Arrangements for credit should be made prior to beginning the internship.

Honors and Activities: _____

Previous work Experience: _____

On a separate sheet of paper, please complete each of the following essay questions, in 350 words or less:

1. How did you become interested in public service?
2. Why do you wish to intern in the Office of Senator Dole?
3. What do you hope to accomplish during your internship?

Signature _____ Date signed _____

I certify, to the best of my knowledge and belief that the information contained herein and attached to this application, is accurate, true, and complete. I understand that false or fraudulent information on or attached to this application may be grounds for not considering my application, or terminating my internship after it begins.

Please remember to attach all required materials, (current resume, cover letter, three completed essay questions, two letters recommendation, and a copy of your unofficial transcript). Your packet must be complete in order to be considered for an Internship with Senator Dole.

Thank you for your interest in serving in the Office of Senator Dole.